

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

NEW SERIES.]

[THURSDAY, MAY 14, 1868.

[Vol. I.—No. 15.

Original Communications.

FALSE CERTIFICATES OF DEATH AND THE REGISTRATION LAW.

By C. E. BUCKINGHAM, M.D., Boston.

In the *London Lancet* for March 21, 1868, on page 396, and under a part of the above heading, is a statement concerning two cases which came before the Liverpool Police Court. It is worth the while of the profession, and more particularly of those who are engaged in public statistics, to pay some attention to the subject. It is not necessary to quote the entire article, but

Dr. Owles, in his evidence, said "he was a physician. He signed a certificate that the child had died from bronchitis. He never saw the child dead. He saw a child the day before he gave the certificate produced, named Regan, and that child was ill of bronchitis. He granted the certificate on the hearsay evidence that the child was dead. This was the ordinary practice of medical men, and he acted on the belief that the person who called on him was telling the truth."

The above is a good text for an examining discussion of the merits of Chap. XXI., Sect. 3, of the General Statutes of Massachusetts. It reads as follows:—

"Any physician having attended a person during his last illness, shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If any physician refuses or neglects to make such certificate, he shall forfeit and pay the sum of ten dollars to the use of the town in which he resides."

What may be the practice in other places than Boston and some of the adjoining towns, I am not able to say. In Boston, the Registrar sends to physicians certificates with blanks to be filled, in which they are expected to write the age of the deceased

in years, months and days (although the dead may have been born years before the attendant), as well as the primary and secondary causes of death, and the length of time that those causes existed. If the physician has not seen the deceased for weeks before death, he is still expected to fill out the blank, and many of the profession are in the habit of signing the certificates in full, rather than be bothered by the undertakers.

It would be well for us to be more guarded. No trouble has as yet arisen from carelessness in this matter; but some case of murder will yet inevitably come into court, where the signer of such certificate will find himself cornered by an attorney, the evidence of death from some other cause than that stated having been made plain. Gentlemen of our profession who are members of the Legislature would do well to examine the Registration Act, and see if they cannot devise some means for making it perfect, or for doing away with it altogether. As it now stands, it is useless. The very fact that I saw a man during his last sickness, though it may have been years before he died, makes me liable to the penalty if I refuse to fill the certificate, and notwithstanding another may have been in attendance, or no one in attendance, when the man died. Still, I have refused to fill out certificates. While on duty at the City Hospital, I refused several times to put my name to these papers, because I did not know the patients were dead, except by hearsay; and I would not see the bodies, because *post-mortem* examinations were refused by the friends.

The law, as it stands, is of very little value, and statistics collected under it are worse than valueless for several reasons. The first is, that the certificates are often filled out by persons with no medical education, but who call themselves physicians. This cannot be done away with, because under a republican form of government, any man has the right to enter into the practice of any business he may choose; and in every community there is a large minority who occasionally enjoy irregular practice, and who

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at all events demand the "right to shear the wolf." It is questionable, on the whole, as there must be some quackery, whether more harm would not come from it if concealed than open. These certificates, however, have no value.

Second reason. Some physicians certify to the causes of death, and to the age at death, when they should refuse any certificate, having seen patients only *in articulo mortis*, and having no data by which to judge either of the age or sickness, except the statement of some friend. I make this assertion from positive evidence. These certificates have no value, and some day the maker of one will probably find himself exposed to a cross examination, which will be more for the amusement of a jury than himself.

Third reason. Some physicians have given certificates of the cause of death, never having seen the living patient, and without autopsy. This statement I make also from positive knowledge.

Does the statute contemplate that in every case the medical attendant shall give a certificate? The section above quoted says the physician "shall, when requested within fifteen days after the decease, furnish," &c. It does not provide that the *last* attendant shall give it, but "any physician having attended a person during his last illness." Twice during this winter have I been called upon for such certificate. In one case, another physician was in attendance at the time of the death. In the other case, two physicians were in attendance after me, and I had been confined by sickness myself for weeks before the man's death. Last summer the claim was made upon me for a certificate when the last attendant was a spiritual medium calling herself "doctor," and I refused it, hoping to be called into court, and to have the law examined.

Let me give one or two examples of certificates. The late Dr. Stedman asked me to see a young German child, who, while playing, got a button in his trachea. It was our opinion that tracheotomy should be performed, but the operation was not permitted by the parents. Death occurred within twenty-four hours. Another physician gave a certificate that death took place from *membranous croup*.

Within a few weeks, I saw a certificate of death and its cause, signed by a physician who had not seen the patient for months, and did not know that he was dead, except by the statement of the mother. Upon this certificate there was a

sum of money pending. I had already refused to give one, on the ground that I had not seen the patient for some time previous to death, although I had no doubt of the fact nor of its cause.

The undertakers desire the certificates, and are urgent for them because each of their returns pays them a fee. The registrars desire the certificates, because for each entry they receive a fee. The physician is required to give a certificate without a fee, and is liable to a fine of ten dollars if he does not give it, and in the city of Boston the registrar expects him to certify in years, months and days to the age of the deceased, though he may have been older than the physician's grandmother.

One certificate of death was brought to me to be filled out, in the case of a stillborn seven months' fetus, whose mother was my patient, although the child had not been.

Section second of the registration law it is worth while to publish for the information of the public, and if they who made it law should read it, I have no doubt they will many of them learn something. I have never come across a dozen persons who knew of their liabilities under the law. It is as follows:—

"Parents shall give notice to the clerk of their city or town of the *births and deaths* of their children; every *householder* shall give like notice of every *birth and death* happening in his house; the *eldest person next of kin* shall give such notice of the death of his kindred; the *keeper of a workhouse, house of correction, prison, hospital, or almshouse, except the State almshouses at Tewksbury, Bridgewater and Monson, and the master or other commanding officer of any ship* shall give like notice of every birth and death happening among the persons under his charge. Whoever neglects to give such notice for the space of six months after a birth or death, shall forfeit a sum not exceeding five dollars"—and doctors who have attended during the last illness shall pay ten dollars unless they write down the cause of death, length of sickness, &c., to which the City Registrar of Boston adds the age in years, months and days.

MUSICAL BULLET PROBE.—At the Paris Exposition there was exhibited a probe for announcing audibly the presence of a bullet in a wound. If the points of the instrument came in contact with a metallic body, an electrical circuit was made and a small bell rung.

CASES 'OF INTERMITTENT FEVER ORIGINATING IN BOSTON.

By J. B. TREADWELL, M.D., Boston.

THE extreme infrequency of cases of intermittent fever occurring in this vicinity among persons who have never resided in any district recognized as malarious, gives to the following cases a certain degree of interest. That cases of this disease have occurred in this city there can be no question; such a case is given in this JOURNAL for Jan. 26, 1853, in connection with the report of a committee appointed by the Suffolk District Medical Society to investigate the circumstances attending an outbreak of this disease which occurred in Chelsea during the years 1847-51. That the following were true cases of intermittent fever, I am fully satisfied. I saw them frequently enough to assure myself of this. In every case, the several stages of the disease were well marked and the intermission perfect. They were by no means cases of the remittent fever of childhood; the only disease with which they could for a moment be confounded. So far as I could discover, there was not in either case any irritation or disturbance of any organ to account for the general symptoms, and the simple but effectual nature of the treatment furnishes pretty strong evidence of the character of the disease. I could discover nothing about the localities or the houses in which the patients lived to account for the attacks, except that in Case III. the patient lived in a house situated on very low and wet ground, and surrounded by vacant lots which were flooded with foul water at certain times, particularly in the spring and autumn months. None of the patients had ever lived in Chelsea. Perhaps it is worthy of notice that in Case IV. the father of the child had been the subject of malarial disease, as probably had also the mother of the patient in Case V. The puffy tumor in Case IV. had its counterpart in a case which occurred in my private practice three years ago. A boy of 15, who was born and formerly lived in the eastern part of Maine, but at the time I first saw him resided in the Church Street district in this city, became the subject of daily intermittent attacks, characterized more by headache than anything else, although there were other minor symptoms. Simultaneous with the commencement of each daily attack a puffy tumor, two inches in diameter at its base, developed itself upon the forehead, and another one of similar cha-

acter and size upon the dorsum of the right foot; both disappearing at the end of the paroxysm. Two years later, this patient had an attack of well-marked intermittent fever. It may be an open question whether he contracted this disease in Maine or in Boston. The house in which he has lived since he has been in this city is in a very bad condition as regards drainage. The following were all Dispensary cases. I will here state that the quinine was administered in solution.

CASE I.—*Febris Intermittens Quotidian.*—Dec. 20, 1865. M. A. L., aged 12; residing at 250 Fourth Street. Born and always lived in Boston. Previously healthy. Well marked chill at 11, A.M., each day for four days, lasting an hour and a half. Skin bluish and shrivelled during chill, which is followed by fever, with thirst and severe pain in head and back. Febrile condition lasts five or six hours, and terminates in profuse perspiration, which ceases at the end of six hours more, leaving no more unpleasant symptoms than slight languor and debility. Pain and increased area of dullness on percussion in hepatic region during cold stage. Intermission complete. After waiting one day to observe the course of the disease, I ordered quiniæ sulph. gr. ij. at 6, 7 and 8, A.M., of the next day. This somewhat diminished the violence of the afternoon paroxysm, and on the following day she got the same quantity at 5, 6 and 7, with the effect of entirely preventing it. The quinine was continued in the same way four days, and then given in gradually decreased doses several days longer. At the end of a month there had been no return of the disease.

CASE II.—*Febris Intermittens Quotidian.*—Feb. 2d, 1866. W. J., aged 6, residing in Chapel Place. Never out of Boston. During the last week, has had a chill about noon daily, commencing with a sensation of chilliness in the lower extremities and back, and lasting about an hour. Considerable tremor, and some chattering of teeth during cold stage, and, towards its close, nausea and vomiting in several of the paroxysms. Burning skin, thirst and intense headache during hot stage, which lasts six hours, and terminates in a condition of general relaxation characterized by perspiration and rather free discharges from the bowels. Perfect intermission. Quiniæ sulph. gr. ij. at 5, and gr. i. at 6 and 7, A.M., which arrested the paroxysm. The quinine was continued in this way for six days, and then gradually decreased in quantity. No return of disease at the end

of two weeks, at which time she was lost sight of.

CASE III.—*Febris Intermittens Tertian.*—Feb. 15, 1866. M. A. B., aged 11. Has resided in Webster Place for the last three years. Born in Boston, where she has always lived. Never slept out of town. Generally well, although at present somewhat anæmic. Has felt rather indisposed for last fortnight. Six days ago, had a pretty severe chill about 2, P.M., which has returned about half an hour earlier every second day since. Chill continues about two hours, and is followed by a febrile condition, hot skin, flushed face, pain in head and back, and general discomfort, which lasts for three or four hours and terminates in copious perspiration. Appetite good, and functions of system pretty well performed between attacks. Quinæ sulph. gr. ij. at 6, 7 and 8, A.M., every day for a week, and then gradually decreased. Disease arrested. Lost sight of at end of two weeks.

CASE IV.—*Febris Intermittens Quotidian.*—Sept. 13, 1866. J. K., aged 6; residing in Congress Street. Always lived in Boston. Never out of town more than two or three miles. Always healthy. Well-marked chill at 4, P.M., every day for three days, lasting about an hour, and followed by feverishness for five or six hours, which terminates in perspiration. Rigor quite severe, with some nausea and vomiting towards its termination. Considerable headache and pain in eyes during hot stage; skin and conjunctivæ somewhat jaundiced. Increased dullness, with tenderness on pressure, and dull, aching pain in splenic and hepatic regions. Liver and spleen apparently enlarged, as felt through the abdominal walls. A puffy swelling, the size of half a small orange, situated over the lower third of the sternum, appears with the commencement and disappears with the termination of each attack. Feels pretty well, and has moderately good appetite during forenoon and early part of afternoon. Intermission perfect. Had a similar attack, but less severe, some months since. To have quinæ sulph. gr. ij. at 7, 8 and 9, A.M. This delayed, but did not prevent the usual daily attack, and he was ordered gr. iv. at 10 and 11, A.M., which mitigated, but did not entirely arrest it. I then gave him gr. iij. at 5, and gr. ij. at 6, 7 and 8, A.M., which produced slight frontal headache and ringing in the ears, and accomplished the desired result. The quinine was continued for several days, and until the patient was lost sight of there was no further return of the disease.

The father of this child formerly lived in the West Indies quite a number of years, and had intermittent fever frequently while there.

CASE V.—*Febris Intermittens Quotidian.*—Jan. 7, 1868. P. S. McG., aged 13; residing in Salutation Street. Always lived in Boston. Never slept out of town. Always healthy. Decided chill between 4 and 5, P.M., every day for five days, lasting about one hour, and followed by febrile disturbance, hot skin, headache, thirst and general distress. Hot stage continues six or seven hours, and then gives way to perspiration and sleep, after which he feels quite well until the next attack. Intermission perfect. Spleen and liver apparently somewhat enlarged. Quinæ sulph. gr. ij. at 6, 7, 8, 9 and 10, A.M. This was continued for two days. On the third day, in order to obtain additional evidence of the nature of the disease, it was withheld, when the paroxysm returned with all its original vigor, anticipating the time of its previous daily occurrence by about an hour. On the fourth day, the quinine was resumed and continued for several days. Slight frontal headache was the only physiological symptom of its action obtained. Up to the present time—Feb. 19th—there has been no return of the disease.

The mother of this boy formerly lived in the north of Ireland, and subsequently in the vicinity of Montreal, from whence she removed to Boston eighteen years ago. Upon several occasions she has had what seems to have been attacks of intermittent fever, the chill being so severe as to oblige her to go to bed and remain there during its continuance.

RUPTURE OF THE UTERUS.

By G. J. TOWNSEND, M.D., Natick, Mass.

Mrs. N., aged 35, German, strong, muscular and florid, sent for me on the morning of June 13th, 1867, at 9 o'clock. She was in labor with her sixth child. Her pains were brisk, and her husband told me I should not be detained more than half an hour.

Her previous labors had all been severe, though favorable, owing to a projection forwards, of the promontory of the sacrum, diminishing the conjugate diameter of the brim of the pelvis more than one-fifth.

She had worked hard from early youth, and the increased deposit of bone in the sacrum was, without doubt, from an effort of nature to strengthen the spine, and enable it to sustain the too great burden imposed upon it.

Throughout this pregnancy, Mrs. N. had worked harder, even, than usual, owing to the protracted illness of her husband; and her work had been cultivating a vegetable garden and driving pegs into heavy brogans. Indeed, after her pains had begun she scrubbed up her floor, that all might be tidy at my advent.

On my first examination, the os was fully dilated, membranes unruptured, the vertex was just entering the brim in the first position, face to the left. The pains continued hard and frequent, with apparent slow progress, and no impaction, until 1½, P.M., after which time the head neither advanced nor retreated. At 2½, P.M., being very tired, the patient begged to turn upon her hands and knees, for rest, a position, by the bye, very common amongst both Germans and Irish, when left to themselves, and not a bad one, either. Previously she had been lying in our usual position, viz., on left side.

In less than five minutes after her change, she began to complain, though not very urgently, of pain in her bowels, saying she had just such pain in her former labor, and that peppermint relieved it. The labor pains ceased entirely. Suspecting at once the nature of the case, I gave her some peppermint, and sent at once for my friend and neighbor, Dr. Partridge. He was soon at hand, with ether and instruments. I made an attempt to apply the forceps, with but slight hopes of success, and failed, the head receding before the second blade, though it seemed pretty firmly impacted. I then introduced my hand, encountering a coil of intestine very soon after it entered the cavity of the uterus, brought down the feet, turned and delivered. The head passed with some little difficulty, and the child was still-born.

After the removal of the placenta, the rent could be distinctly traced, and the intestines felt through it. It was anterior, some six inches in length, extending diagonally across the body of the uterus, below the Fallopian tubes apparently. This diagnosis was confirmed by the autopsy.

A fatal prognosis was given to the friends, and a full opiate was administered. On my second and last visit to the patient the same evening, the usual symptoms of collapse were present, though not strongly marked, and the abdomen was enormously distended.

On the strength of my unfavorable opinion, the case passed out of my hands, and a neighboring empiric took charge of it. He of course pronounced the opinion of Dr. Partridge and myself all nonsense, and said he would have the patient out before long.

As to his treatment I know nothing, save that it consisted largely of veratrum viride, and forty-eight hours before death took place he boasted, in the village inn, that he had reduced her pulse to its natural number, but that she did not seem to gain much strength. He called in consultation a notorious practitioner from a manufacturing town, who also pronounced our diagnosis absurd.

The patient lived until the evening of July 4th, just three weeks* after the accident, sat up several times in a chair to have her bed made, and even walked a few steps to her chair and back again to the bed.

At the autopsy, which was performed by my friend, Dr. Lincoln, the abdomen was quite flat, very slightly if at all tympanitic. On dissection, it was found that the anterior portion of the neck of the uterus had entirely sloughed away. The rent extended diagonally across the body of the organ, from the front of the left broad ligament, to the right, involving the right broad ligament, but lying in front of the left. The cavity of the uterus was lined with a grumous fluid. The vagina was somewhat sphacelated, at its upper part. The intestines were everywhere bathed in pus, and covered more or less with adhesions. The uterus measured three and a half inches from one Fallopian tube to the opposite, four and a half inches from the fundus to the upper edge of the rupture, and the parietes were ten lines in thickness.

The points of interest in the case are—
1st. The situation of the rupture, which being anterior and low down toward the neck, allowed the free escape of the lochia, and afterwards of the slough, thus remedying the distention of the abdomen which occurs in these cases, and which was enormous the last time I saw the patient.

2d. The comparatively mild character of the pain, and of the collapse, which followed the accident.

3d. The remarkable tenacity of life the patient evinced. Suffering from the fearful consequences of her accident, and under the influence of a most depressing remedy, she yet lived three weeks, and at one time walked several steps from her bed to a chair.

I have by me the record of but one case, where the patient lived so long, and that one died on the twenty-fourth day.

I will only add, that during the progress of the labor no manual interference was used, and no oxytocic administered.

* Patient died at 6, P.M., July 4th, having lived four hours into the twenty-second day. So reported when I made the autopsy.—G. C. LINCOLN.

CASE OF OVARITIS.

MR. EDITOR.—Dr. Simpson asked me a few days since if I would not furnish you with more facts with regard to the case of ovaritis of which you have seen the specimen. The young woman had been troubled with menorrhagia for six months before her first illness, which was slight. From this time she had a monthly discharge corresponding to the regular menstrual period, lasting two or three days, and always suffering great pain each time. This discharge, as near as I can ascertain, was of a light color, somewhat yellow. For about six weeks before her death she had, her mother says, frequent attacks of fainting, followed by most acute pain in her side lasting half an hour or so, finally passing off, leaving her somewhat depressed. She was always about the house, and, as near as I can learn, never confined to her bed. She had been noticed to look pale and haggard some time before her death, and the neighbors wondered what could be the matter, as she made no particular complaint. I have recently learned that she has at times been attended by an ignorant female, who has occasionally taken her to drive, and was out with her three days before her death. This woman has the reputation of procuring abortions, and I have no doubt the girl, from the enlargement of her abdomen and other symptoms, considered herself pregnant, and submitted to some operation or had taken some medicine with the idea of being relieved from her fancied troubles. This is my explanation for the suffering she must have concealed for fear of exposure. Her friends often asked her to have a physician, but she always refused, saying she "wasn't sick." Her mother says she had taken nothing but domestic remedies. I was called to her for the first time Feb. 22, at 7, A.M., and found her dying. In the confusion at the time, I could learn but little with regard to the case. She went to bed at 9, P.M., was very thirsty during the night and drank largely of water, was uneasy and complained of being sick, and told her mother she would get up and sit in the rocking chair for a while, and perhaps she should feel better. Towards morning, her mother called to her from the bedroom, and receiving no answer, imagined her asleep, and, as she had been restless during the night, concluded to leave her alone. In the morning, on going to her, found her unconscious, in which condition she remained until her death. She walked one half mile the day before she died, and

had been to ride frequently a week before, and I think went to a party the week before and danced all the evening.

Autopsy, 36 hours after death. Body apparently strong and well developed. Rigor mortis strongly marked. On opening the peritoneal cavity, it was found filled with sero-purulent fluid amounting to eight or ten quarts. The peritoneum was extensively inflamed, more at the sides and increasing towards the pelvis. The intestines were inflamed, and the lower portion matted and bound together in spots by fibrinous bands. The uterus was normal in size; the right ovary much enlarged, containing two abscesses, one of which had opened into the peritoneal cavity, probably causing the general inflammation which was found at the autopsy. How large this might have been is quite impossible to tell; probably much smaller than the other. The opening of this abscess I should think was much smaller than the cavity itself, and was red and ragged. There was no blood or pus of any amount in the cavity. On opening the larger abscess, the cavity contained about an ounce of thick pus. The left ovary was somewhat enlarged and harder than usual, but presented no appearance of recent inflammation. After the specimen was returned to me from Boston, I opened the uterus, and found the fundus considerably softened; it had no appearance of recent inflammation.

Yours very truly, F. H. RICE.
Worcester, March 21, 1868.

ON SULPHATE OF ZINC IN DYSPEPSIA.

By WM. A. GILLESPIE, M.D., Louisa Co., Va.

DYSPEPSIA, or chronic *gastritis*, is one of the most common of all the ills to which flesh is heir. Many remedies have been used and abused, especially spirituous liquors and bitter tonics. In much the larger proportion of cases, they evidently aggravate the disease they are intended to cure. In most instances of long duration, the mucous lining of the stomach is inflamed, and chronic *gastritis* would be a more correct appellation than dyspepsia. Such cases are almost invariably aggravated and frequently caused by stimulants and condiments used with the food. Most internal medicines increase the irritation or inflammation of the stomach. Many years ago, in addition to a regulated diet, I tried the internal administration of *nitras argenti* in doses of one-fourth to one grain, combined with one-fourth grain of opium, three times a day, and in many cases

with complete relief. Owing, however, to the fear of tingeing the skin by the nitrate, I have, in later years, substituted the sulphate of zinc in doses of a half-grain, gradually increased to two grains, three times a day, in pill or solution, combined with opium, or extract of hyoscyamus, with happy effects. My experience with this remedy has been quite extensive for several years, and I think it as safe and sure as quinine in intermittents. My explanation of its *modus operandi* is, that it acts on the inflamed and engorged mucous coat of the stomach in the same way that it does in ophthalmia. I have also used the sulphate of zinc in epilepsy with benefit, and think it serviceable in all cases in which *nitras argenti* relieves. The action of both is probably owing to their improving the condition of the stomach.

Hospital Reports.

MASSACHUSETTS GENERAL HOSPITAL.

Surgical Operations for the week ending March 28th.
Reported by MESSRS. THOMAS WATERMAN, JR.,
and H. H. A. BEACH.

(Continued from page 199.)

8. *Tenotomy.* Dr. H. G. CLARK.

9. *Tumor of Abdominal Parietes; Excised.* Dr. R. M. HODGES.—Male, aged 46. Patient attributed his trouble to a blow received at that point six years ago. One year later he discovered a tumor the size of a silver dollar, slightly prominent and situated in the median line half way between the ensiform cartilage and the umbilicus. It had grown gradually since, till it measured over its apex four inches. It was elastic to the touch, adherent to the integument, but movable on the surface beneath.

A semilunar incision, three and one-half inches long with its concavity upward, was made through the integument at the limits of the tumor, and the latter dissected out. Three ligatures were applied, two of which were passed through the flap, after the method of Dr. Morgan, and the flap secured by silk sutures.

The tumor was composed of fat.

10. *Excision of Breast; Scirrhus.* Dr. H. G. CLARK.—Patient first noticed the tumor six weeks ago, which was then about an inch in diameter. It has steadily increased in size until it is now about three inches in diameter. There has been very little pain. The tumor is firm, hard, movable and situated about two inches inwards from the left nipple, which is retracted. One of the axillary glands is enlarged.

Operation with ether. The mammary gland and tumor were included between two semilunar incisions and dissected out. Six ligatures were applied, and the edges of the wound adjusted with sutures. Dry compresses and swathe.

11. *Scrofulous Lymphatic Gland; Excised.* Dr. R. M. HODGES.—Female, aged 21. Four months ago a tumor appeared in the right submaxillary region, which increased steadily until it became as large as a horse-chestnut. A semilunar incision, two and one half inches long with its concavity towards the jaw, was made through the integument and the tumor easily dissected out.

12. *Opening of Sinuses.* Dr. R. M. HODGES.—Female, aged 6. January 15th, the patient had both legs amputated about two inches below the knees for an accident received at that time. The outside of her left thigh sustained at the same time a severe bruise which was followed by an abscess; and this communicated with the end of the stump and refused to heal. A director introduced into the opening on the thigh followed a sinus to the end of the stump, and communicated with another at that part. The integument was slit open throughout this course and the wound packed with lint.

13. *Polypus Nasi; Removed.* Dr. H. J. BIGELOW.

BOSTON CITY HOSPITAL.

Some of the principal Operations in March, 1868, by
D. W. CHEEVER, M.D. Reported by L. D.
GUNTER, House Surgeon.

CASE I.—*Compound, Comminuted Fractures of Fingers, with extensive Laceration.*—James McD., aged 52. Patient's hand was caught between two cog-wheels, producing compound, comminuted fractures, with extensive laceration of the right index, middle and ring fingers. The two first were amputated at the metacarpo-phalangeal articulations. The third at the middle of the first phalanx, by circular flap. The flaps were kept in apposition by strips of adhesive plaster. Dilute carbolio-acid dressing. A speedy recovery ensued, without sloughing of the more or less contused flaps, and though attacked with erysipelas in the face, it did not appear about the wound.

CASE II.—*The application of Nitric Acid to Internal Hemorrhoids.*—No hæmorrhage, and but little pain when the bowels were moved the first time after the application.

CASE III.—*Evisceration of an In-growing Toenail of two years' standing.*—The raw surface was dressed with dilute carbolio acid,

and cicatrization was most undoubtedly retarded by the dressing. During the third day, the wound became inflamed, swollen and extremely sensitive, but this all passed off within the next twenty-four hours, and granulations appeared on the fifth day. It is interesting to note that there was no supuration.

CASE IV.—*Vascular Tumor of the Meatus Urinarius*.—Catherine A., aged 51, married, entered hospital March 4th, with the statement that, for five years, she had experienced constant pain in the lumbar and hypogastric regions and vulva; that for two years past she had been troubled more or less with dysuria, and a severe pain, after the act of micturition, in vulva and bladder. Examination disclosed an elevated raspberry growth upon the floor of the urethra, extending from the meatus half an inch inward. It was very sensitive and vascular, the slightest touch causing it to bleed. Her sleep had been broken by the frequent desire to urinate and the consequent pain, and her health somewhat impaired.

March 6th.—Since previous date, pain and irritation severe after micturition; relieved by opiates. Etherize, dilate the urethra with dressing forceps, and apply nitric acid to the vascular growth.

7th.—Slept well all night without an opiate. Comfortable. No retention of urine or pain after micturition.

8th.—Completely relieved of dysuria and pain in hypogastrium and irritation in vulva. Rests well at night. Up and walking about.

9th.—A very slight irritation in urethra after urinating.

10th.—The slough produced by the caustic has come away, and irritation and pain increased; not so severe, however, as before the application.

12th.—Pain and frequent micturition. Obligated to pass water several times during the night.

13th.—Re-apply the acid. The former application reduced the growth more than one half, also rendering it less vascular and sensitive.

14th.—Completely relieved from all pain and irritation.

15th.—Comfortable.

17th.—Discharged, well.

CASE V.—*Congenital Hernia*.—Joseph D., aged 2 years and 10 months, was brought to the hospital March 10th, with the report that for three months he had been troubled with diarrhoea and loss of appetite; that, seven weeks previous, first noticed a small

tumor in right groin, which, till of late, had disappeared when in the horizontal position; that, ten days since, it came down and had not returned, since which he had been constipated, and at times had not passed his water for a day or more. Upon examination, it was found to be an oblique inguinal hernia, with a large neck, and had descended to the bottom of the scrotum, which was swollen, red and quite sensitive. The hernia was about the size of a hen's egg, and required pretty firm pressure to reduce it. Seen by Dr. Cheever, and pronounced a "congenital hernia." Ordered hot bath, hot fomentations to hypogastrium, and an enema of soap-suds.

March 11th.—Bowels moved freely soon after the enema, and passed a large amount of water. Restless during the night. Hernia easily reduced. Scrotum less swollen.

12th.—Hernia returns as soon as pressure is removed. Tenderness and inflammation disappeared from scrotum. Slight diarrhoea; controlled by paregoric.

13th.—Etherize, and operate for radical cure, by Wood's second method. When the needle passed out through the integument of the abdomen, a considerable amount of serum escaped at the side of it, the sac having been transfixed by the needle. The wound was dressed with dilute carbolic acid, and the patient ordered to be kept quiet in the horizontal position.

14th.—Very comfortable. Scrotum slightly swollen. No diarrhoea. Milk diet.

15th.—Doing well. Swelling of scrotum moderate.

17th.—Swelling and redness about seat of operation gradually subsiding. No motion of bowels since operation. *R. Olei ricini ʒiij.*

20th.—Slight purulent discharge from wound. No tenderness in abdomen. Doing well.

23d.—Remove the wire and apply spica bandage and compress. A firm mass of lymph the whole length of the canal. Discharge slight. Swelling subsiding.

26th.—No impulse. The mass of lymph is firm, and the wound clean and granulating.

30th.—Walking about the ward.

April 10th.—Wounds healed. No impulse can be detected. The mass of lymph along the canal somewhat absorbed, but permanent. Is much improved in health and strength, and almost completely relieved from diarrhoea, which had troubled him for three months.

CASE VI.—*Epithelial Cancer of Clitoris; Removal*.—Mary C., aged 39, married, en-

tered the Hospital March 12th, with a tumor growing from the clitoris and contiguous portion of nymphæ. Soon after her last confinement, three years ago, her attention was drawn to the part by excessive itching and an occasional darting pain. At that time, it was about the size of a bean. It has gradually increased, with but little pain, till recently. Now, it is about the size of a hen's egg, conical, indurated and movable upon the deep tissues. The vagina and lower portion of the nymphæ are not involved. Its surface is inflamed and its apex occupied by a deep sloughing ulcer, the odor of which is very offensive. The glands in the groins are enlarged and painful. For the last two weeks, the left labium has been much inflamed and very painful, and deep seated in its tissues can be felt a small, hard nodule the size of an English walnut. Examination with the microscope shows that the tumor is composed of epithelial cells and granular matter.

March 20th.—The parts are less inflamed and labium less swollen, but pain very severe at night, requiring opiates. Etherized, and, a catheter having been passed into the bladder, the tumor was removed by an oval incision. The tissues were involved down to the wall of the urethra and very vascular. Hemorrhage profuse. Three ligatures required. The tumor was removed from the labium.

21st.—No hæmorrhage. Passes water without trouble. Labium very painful. Charcoal poultice. Wound dressed with dilute carbolic acid.

23d.—Comfortable. Rests well at night.

27th.—Doing well. No pain. Wounds healthy and granulating. Continue poultice to labium.

April 4th.—The glands in groins growing less. Wounds healing very rapidly.

6th.—Labium healed and of natural size. The wound of clitoris nearly well. The glands in groins considerably reduced in size and hardness. No pain. General condition much improved. Catamenia present. Discharged.

CASE VII. — *Pistol-shot Wound of Eye. Enucleation of Eye-ball.*—March 25th. John McD., aged 7, wounded in left eye by an accidental discharge of a small sized revolver, loaded with patent cartridge. He was brought to the Hospital about an hour after the accident, conscious and free from pain. His father said, that though somewhat stunned at first, he was not unconscious, and that he had vomited considerable "blood" soon after the injury.

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Upon examination, it was found that the cornea and sclerótica were lacerated, and the contents of the globe had escaped. The right pupil was slightly dilated and responded sluggishly to light. Pulse feeble. Etherized, and examined by Drs. Williams and Cheever. It was found that the bullet had penetrated the roof of the orbit, about a quarter of an inch from its apex, and had passed on in a backward and outward direction, towards the left temporal bone. The opening was sufficiently large to admit the tip of the little finger, with serrated edges, and inclined to the outer wall. A probe was inserted a short distance into the wound, but the ball could not be felt. Ordered to be kept perfectly quiet. Cold water dressing to the eye and both eyes covered. Liquid farinaceous diet. Evening—Comfortable. No cerebral symptoms.

March 26th.—Slept well all night. No pain or headache. Pulse quick, feeble and irregular. Some swelling about the eye and side of face. 12, M. Sleeps most of the time. Pulse intermittent.

27th.—Right pupil dilated; contracts slowly to light. Pulse intermittent every fifth beat. Swelling increased about eye and in left temple. Bowels moved by enema. Perfectly free from pain, and bright.

38th.—Consultation held. The eye-ball removed. It was found that the ball had penetrated the orbit nearer the outer wall than was evident at first examination, and probably might have gone outside of the skull, into the temporal fossa. There was considerable tenderness and swelling over temporal region. No further search was made. Pulse feeble and intermittent. *R. Vini Xerici pro re nata.* Wound dressed with dilute carbolic acid, 3iss.—Oj.

29th.—Slept very well, but somewhat restless. Slight subsultus tendinum. Right pupil contracts slowly. Swelling increased, especially in left temple. No pain.

30th.—Pupil contracts readily. Pulse stronger and regular. Wound healthy. Appetite good. Bowels regular. Comfortable.

April 2d.—Free purulent discharge from beneath the lids, increased by pressure upon the temple. Doing well.

6th.—Wound healthy and granulating. Nearly an ounce of pus at each dressing, most of which seems to come from the temporal fossa. Much improved. Sits up in bed. Diet, tea and toast. Subsequently a counter-opening made for drainage through the temple, and a seton passed.

May 8th.—Continues well. Intelligence perfect. Wounds healing. Convalescent.

Reports of Medical Societies.

BOSTON SOCIETY FOR MEDICAL IMPROVEMENT.
CHARLES D. HOMANS, M.D., SECRETARY.

DEC. 23d.—*Discharge of Fat from the Bowels.*—Dr. H. K. OLIVER reported the case and showed the specimen.

The patient was a man aged 45 years, who, twenty years ago, during the prevalence of cholera in England, had what his physician called cholera. Ever since this attack, he has passed *per anum*, many times daily, a greenish-yellow, oily-like fluid, which is quite offensive, and which, after standing a little time, becomes hard, resembling tallow in appearance. According to his statement, he has no natural discharges, passing, in fact, nothing but the oily fluid. The internal administration of weak alkalis for a week or two had no effect on these discharges. The man had a fair amount of fat under his skin, and had no abdominal tumor; his countenance was pale; appetite good; strength only moderate. The legs were oedematous, but no albumen was detected in the urine. He was lost sight of after attendance for a week or two as out-patient at the Massachusetts General Hospital.

Dr. WHITE said there must have been some fecal matter as well as fat in the dejections. He thought this, in various degrees, not an uncommon affection. It is a disorder of digestion; a man cannot digest all the fat he eats, so it passes out with his stools. He had seen three similar specimens.

Dr. JACKSON thought that, in this community at any rate, the affection was extremely rare; he could remember but one case reported to this Society. The patient was in consumption, and at the autopsy the pancreatic duct was found greatly dilated, and contained two or three calculi. (Museum, No. 576.)

Dr. WHITE said the combined action of the bile and pancreatic fluid was necessary to cause digestion of all the fat eaten; late experiments have shown that ligature of the pancreatic duct, or extirpation of the pancreas, interfered but slightly with the absorption of fat.

Dr. WHEELER had seen, ten years since, a patient, invalid for more than a year, who passed for several months large quantities of fat with his feces. It made but little difference whether animal food were eaten or not. There were symptoms both of hepatic and intestinal disease.

Dr. JACKSON referred to the articles on Fatty Discharges from the Bowels, in the 18th volume of the *Med.-Chir. Transactions*, by Drs. Bright and Elliotson, and at the following meeting gave a short analysis of them. With regard to the mode of formation of the fat, he alluded to the puzzling fact, if true, of fat having been found in the urine in some of these cases.

FEB. 10th.—*Abscess of the Liver projecting into the Pericardium; Pericarditis.*—Dr. ELLIS reported the case and showed the specimen.

On Dec. 5th, 1867, an English engineer, 48 years old, entered the Massachusetts General Hospital, on account of diarrhoea, with which he was attacked in Chicago, where he went soon after landing in this country, three months before. About the first of September, he gave up work on account of chilliness and "pain in bones." After a few days, these symptoms were followed by diarrhoea, which, though checked at times by remedies, continued more or less troublesome, the number of dejections frequently amounting to ten or twelve daily. He also suffered much from constant pain in the epigastrium, increased by a full inspiration. With the exception of an attack of rheumatic fever, some years before, he reported himself as having previously enjoyed good health, but it was afterwards ascertained that he suffered much from epigastric pain for five months, while in England. Though at the time of entrance, a week after returning from Chicago, he had lost considerable flesh and strength, he was able to sit up; the skin was cool, the appetite fair and the digestion good. He complained only of pain in the epigastrium and diarrhoea. The dejections were loose, but of good color, and contained neither blood nor pus. They never exceeded four in number, in twenty-four hours, very soon diminished, and, on the 21st, the bowels were reported as natural, and so continued for several days, when a slight diarrhoea returned and continued till the close. The epigastric pain had, however, never ceased, and was the principal cause of complaint. Opiates internally, and applied to a blistered surface, were frequently needed. After the cessation of the diarrhoea, the attention was still more strongly called to this symptom, and a more careful examination of the epigastrium made. The tenderness was as marked as ever, and there was a decided fullness noticed between the median line and lower border of the cartilages on the right side. Percussion gave flatness from a point an inch below the nipple to

another two and a half inches below the edge of the cartilages, and, laterally, from a point an inch and a half to the left of the median line to the side of the abdomen. In other words, there was flatness of the usually resonant space bounded by the diagonal line of the lower edge of the liver and the other limits mentioned.

Abscess of the liver was then diagnosed, notwithstanding the absence of all constitutional symptoms pointing to a marked inflammatory affection. No fever was ever noticed. The pulse was 108 at entrance, immediately afterwards fell to 92, and was only once reported above that point. No symptom ever called attention to the cardiac region, except the epigastric pain mentioned, but a partial examination was made about a week before he left the hospital. The sounds of the heart were rather indistinct, and of such a character as to excite a suspicion of pericarditis, but he left before the more complete examination intended was made.

For some time after entrance, he was restricted to milk, to which bread, and, afterwards, broth and other articles were added. Bismuth was given at the same time. In addition to the opiates previously mentioned, leeches were applied towards the close, with little or no relief.

He seemed to gain somewhat after the diarrhoea was checked, but he soon began to fail, and, as he grew weaker, insisted on leaving the hospital, rode five miles, and on the following day became so much worse that he sent for Dr. Mason, of Brighton, who, judging from the symptoms that there must be some disease of the heart, made a brief examination, and found the cardiac dulness much increased. Death soon followed, on Jan. 26th.

An autopsy was made two days after death by Drs. Ellis and Mason. The right pleural cavity contained a pint of serum. The *pericardium* was distended by about two pints of turbid, reddish serum, in which were many flakes of loose fibrin. The pericardial surface was covered with a rough layer of comparatively recent, whitish fibrin. The *heart* itself was firmly contracted. In the left lobe of the liver was an abscess sufficiently large to contain, by estimate, four pints of thick pus. The anterior wall was everywhere so thin that the color of the abscess was visible through the capsule. Beneath the pericardium, the substance of the liver had been entirely destroyed, so that a portion of the diaphragm between two and three inches in diameter formed the wall of the abscess at that point,

a thick margin of hepatic substance showing the limits of the opening. Here the diaphragm was quite thin, and projected in a marked manner into the pericardial sac. The walls of the abscess were everywhere covered with closely adherent, firm, irregular, whitish fibrin. No distinct capsule separated the healthy hepatic tissue from the abscess, which occupied the substance of the organ, without the intervention of solidification or other changes. Near the free edge of the lobe, and projecting from it, was an irregular yellow nodule, perhaps an inch and a half in diameter. This, on incision, was found to be composed of numerous smaller nodules, perhaps a quarter of an inch in diameter, or even smaller, the centres of which were softening. They showed remarkably well the manner in which the larger abscesses are formed by the coalescence of smaller ones. In the right lobe, beneath the upper surface, was a cicatrix, with an irregular yellow linear centre, presenting all the appearances of an arrested inflammatory process. The other organs were not remarkable.

Dr. ELLIS said abscess of the liver was rare in this climate; the pus is not infrequently discharged into the pleural cavity.

Dr. WHEELER had seen, last year, in consultation, a case in which an abscess of the liver, originating in this climate, had opened into this cavity; the patient was employed in a foundry.

Dr. JACKSON had seen a similar case in the Massachusetts General Hospital some time since. In the Medical College Museum is a specimen of a small abscess of the liver which originated here and was diagnosed before death.

Dr. WARE, a year since, had under his care at the Massachusetts General Hospital a patient with abscess of the liver, which was attributed to a blow, and diagnosed before death; the abscess was small.

INFANT PROTECTION SOCIETY OF PARIS.—The members of this Society are very active. The annual meeting was held a short time ago; rewards were distributed to meritorious wet-nurses, and the prize of £20 was awarded to Dr. Brochard, of Bordeaux, for his book on Maternal Nursing. The President, in a very impressive speech, expressed the hope that similar societies would soon be formed both in France and abroad.—*Lancet*.

Dr. E. S. DUNSTER, of New York, has been appointed Professor of Obstetrics in the Medical School at Burlington, Vt.

Bibliographical Notices.

Pennsylvania Hospital Reports. Vol. I. 1868. Philadelphia: Lindsay & Blakiston. 1868. 8vo. Pp. 420.

THE elegant volume before us is the first of a series which it is proposed to continue hereafter by the publication of an annual volume. If we are not mistaken, it is the first publication in this country of Hospital Reports of a character similar to those issued by European Hospitals, which are so justly valued as among the choicest contributions to current medical literature.

The Pennsylvania Hospital, as we learn from the Preface to the Report, is the oldest institution of the kind in America, being one hundred and twelve years old. The corner-stone was laid in the year 1755 by Benjamin Franklin, and it has been the clinical training school of large numbers of American physicians, at the same time that its charities have been the source of immeasurable public benefit. At the present time its usefulness continues unabated, its wards containing beds for two hundred and twenty-five patients. It is obvious that the amount of material from which to gather the substance of the annual volume must be superabundant, and no one who looks at the names of the Medical Staff can doubt for a moment the value and importance of an annual abstract of their labors.

Since the foundation of this Hospital there have been admitted to it 79,181 patients, 49,332 of whom have been free patients. Of the whole number 51,167 have been cured, 7,554 have died, 1,334 were pregnant women who were safely delivered, 1,254 were infants born and discharged well, and the balance were discharged more or less relieved.

It is not proposed to restrict the annual reports to the contributions of the present officers of the Hospital, but all medical men who have at any time been connected with it will have the privilege of occupying its pages.

The volume before us contains twenty-three articles, all of which appear to be of practical value. The Introductory paper by Prof. Charles D. Meigs, entitled "The Pennsylvania Hospital and Reminiscences of the Physicians and Surgeons who have served it," is full of entertaining and spirited sketches of some of the most eminent members of the medical profession in America. The general character of the volume may be gathered from a glance at its con-

tents. Thus we have a paper of nearly fifty pages on Laceration of the Female Perineum and its Treatment, by D. Hayes Agnew, M.D., one of the Surgeons of the Hospital, fully illustrated by most excellent woodcuts. Dr. J. Forsyth Meigs, one of the Physicians, follows with a paper on the Morphological Changes of the Blood in Malarial Fever. In preparing this paper, Dr. Meigs was aided by Drs. Edward Rhoads and William Pepper, late resident Physicians of the Hospital. Acupressure is discussed by Dr. Addinell Hewson. Dr. Geo. W. Norris gives a full statistical account of all the cases of amputation performed from January 1, 1850, to January 1, 1860, 228 in number. Dr. William Hunt contributes "Physiological Observations and Experiments on a case of large artificial anus, &c.; Dr. J. M. Da Costa, Observations on the action of Narcain, which he sums up with the following general results.

"On the skin it produces but little effect, far less perspiration than morphia or the other ingredients of opium.

"It does not, as a rule, give rise to headache, or to nausea and vomiting, and loss of appetite; but it is an exaggeration to say that these effects do not occur. Moreover, they seem to happen in women more constantly or markedly than in men. It does not constipate, may even relax the bowels.

"It is not an excitant; yet the face is not uncommonly flushed after its use in decided doses. Scarcely any action on the pupils is observable.

"No marked influence on the temperature, respiration and pulse is perceptible subsequent to its employment. So far as noticed it somewhat lowered the temperature, and slightly lessened the pulse; the latter, however, not constantly.

"No such decided effect as has been ascribed to it on the urinary function was met with. In so far as it was seen to have any action it seemed to diminish the tendency to frequent urination, rather than to suppress the amount of secretion.

"And with reference to its soporific and anodyne properties it appeared, in doses in which morphia is prescribed, totally destitute of either; and in large doses uncertain, and often palpably inert. It does not allay irritation."

The experiments were most carefully made, with narcain from three chemical laboratories, Prussian, French and American. We think that the general experience of physicians here, who have experimented with this much vaunted alkaloid, will sus-

tain Dr. Da Costa in his view of its comparative inertness and worthlessness.

In an article on the Treatment of Continued Fevers, by Dr. W. W. Gerhard, we find the following confident expression of opinion with regard to the contagiousness of phthisis.

"When you trace the history of cases of phthisis you can ascribe them to other causes than the mere inflammation of the lungs: sometimes to direct inheritance, sometimes to the influence of contagion, so called, that is, to the influence of the propagation of the disease, as from husband to wife or from wife to husband. This matter of guarding against contagion I look upon as of the utmost importance for every physician to insist upon. By proper care he will often succeed in preventing the transmission of tubercular disease from the husband to the wife, and the reverse, and thus spare one parent to take care of the children, besides gratifying the wish which every physician has to preserve the lives of all committed to his charge. If, therefore, you find individuals sleeping in close rooms, and in the same bed, you ought to at least inform them that it is highly possible for one to transmit consumption to the other. I have seen numerous cases of the transmission of phthisis from one person to another, sleeping in the same bed, the second individual sometimes dying of the disease while the one first affected continues to live, and, although not positively recovering, to enjoy passable health. I should set down the probability of consumption occurring in persons thus exposed to contagion, as husband and wife, two sisters, or two brothers sleeping together in close rooms, to be at least threefold greater than ordinary, if they be long exposed to inhale the exhalations from consumptive patients."

From an interesting paper on Heat Fever (Sunstroke), by Dr. James J. Levick, a subject but little understood, we take the following extract:

"To recapitulate, insolation or sunstroke shows itself in two obvious forms: first, *exhaustion from heat*; second, *heat fever*.

"*Exhaustion from heat* has a feeble and moderately frequent pulse, a moist skin, and a tendency to syncope on the slightest exertion. It implies a loss of power without obvious structural change, and is successfully treated by rest, the supine position, and the free use of stimulants.

"*Heat fever* has a feeble and very frequent pulse, a pungently-hot skin, a temperature as shown by the thermometer of from 104° to 111° F., and is often attended with great

nervous disturbance. It has for its constant pathological condition an altered state of the blood, which is liquid after death, and exhibits, under the microscope, shrivelled and crenated corpuscles. It is successfully treated by the rubbing of *large pieces of ice* over the entire body of the patient, until consciousness is restored, after which iced wine and water may be cautiously administered.

"Heat fever, whether determined by the resemblance of its symptoms during its life, or its phenomena in death, finds its proper nosological classification in close association with typhus fever, spotted or petechial fever, and the plague."

Other interesting papers are, by Dr. Gerhard on the Treatment of Continued Fevers; by Drs. Rhoads and Pepper on the Fluorescence of the Tissues; on Toxemia by Dr. Hunt; on Progressive Locomotor Ataxia by Dr. Hutchinson. Without giving a catalogue of all the articles in this elegant volume, the above enumeration is evidence of their general character. As a whole, they reflect great credit upon their authors, and honor the institution whose faithful servants they have been and are. The volume is printed in the highest style of typography, on excellent paper, and illustrated by photographs and most admirable wood-cuts.

Medical and Surgical Journal.

BOSTON: THURSDAY, MAY 14, 1868.

MEETING OF THE AMERICAN MEDICAL ASSOCIATION.

Our national medical society has just held its annual meeting. Socially a success, it can hardly be considered so as a scientific re-union. Nor can we ever reasonably expect it to be otherwise. Its influence in removing sectional prejudices, in familiarizing the physicians of one part of our extended country with other parts, and with their professional brethren, is both great and salutary. It is, however, too widely extended, and holds too infrequent and too brief meetings to render its scientific proceedings choice or valuable. The great majority of our physicians are too busy in solving the practical problems of life and death daily presented to them, or too much occupied in the pursuit of individual aggrandizement and reputation, to become

savants, or to devote themselves to the cultivation of pure science. It is a pity, too, that those unqualified to speak instructively, and those who delight in parliamentary quibbles, are allowed to take up the valuable time of a three days' annual session. Such, however, is the fate of many other large societies. The International Medical Congress in Paris was a signal instance of a like failure. The efforts of the National Association to raise the standard of medical requirements cannot be too highly praised; and it is by this means only that the Society itself can ever become worthy of representing the whole nation.

The annual meeting was held at Washington, commencing on the morning of Tuesday, 6th inst., and adjourned on Friday, the 8th. After an address of welcome by Dr. Tyler, of Washington, the annual address was delivered by the President, Dr. S. D. Gross, of Philadelphia. The report of the Committee on Medical Education was ordered to be printed. The Committee on the President's Address reported several resolutions to carry out suggestions made in it, which were adopted. A resolution to establish nurse-training institutions in all large cities was referred to a special committee. The Committee on altering the Constitution advised many changes with regard to admission of members, &c. Some discussion was elicited by a resolution offered by the Committee on Medical Ethics, formally endorsing consultations with female practitioners who had received a regular medical education, and the subject was indefinitely postponed. Reports of various other committees were made and accepted.

W. A. Baldwin, of Alabama, was elected President; G. Mendenhall, Ohio, Noble Young, Washington, N. P. Munroe, Maine, and S. M. Bemis, Louisiana, Vice Presidents; Casper Wistar, Philadelphia, Treasurer; and A. G. Semmes, Secretary for the ensuing year. New Orleans was appointed as the next place of meeting.

A number of Committees were appointed, and it was "Resolved, that those gentlemen who wish to report on special subjects, and will pledge themselves to report at the

next meeting, be requested to send their names and the subject they desire to report upon to the Secretary."

While in Washington, the delegates and members were received by the President, Chief Justice Chase, Speaker Colfax and Senator Morgan, and on Wednesday evening the Army Medical Museum was thrown open for their inspection. After the adjournment on Friday, a large number of the members visited Mt. Vernon.

POPLITEAL ANEURISM CURED BY DIGITAL COMPRESSION.—The patient, a man aged 40, having first noticed a tumor the size of a nut in the popliteal space 16 months before, entered the Hôpital des Cliniques. On entrance, the whole popliteal space was filled by a large tumor, preventing flexion of the leg, in which the characteristic pulsation and bruit de souffle were easily observed. The skin over the tumor was much stretched. Eight days after he complained of sharp pain in the tumor, which had sensibly increased in size. The pulsation and bruit were also more marked, and there was an evident circulation between the tumor and the skin. The skin was extremely tense, sloughy at several points, and threatening to rupture. Digital compression of the femoral was applied. The pulsation ceased in ten or twelve hours and the tumor became hard and cold; the compression was kept up for sixteen hours. Two days later, the pulsation having re-appeared, the compressor of professor Broca was applied for ten hours without result. The following day digital compression was kept up four hours, the pulsation ceasing at the end of the second hour. The next day the pulsation appeared again, but ceased after digital compression for two hours. In two days it returned for the third time, though only in slight degree, and was again and finally checked by digital compression in one hour. Two sloughs of the skin, about an inch in diameter, came away and left bare a pocket filled with clots. The outer clot, of a red color, was removed by repeated washing. Beneath it a second, fibrinous, yellowish, in thin layers, softened, sloughed, and was removed partly by traction, partly by washing. The clots which closed the opening between the artery and the pocket remained firm, so that there was no hæmorrhage. The wound gradually contracted and completely cicatrized, and the patient left for home a little more than two months after the treatment commenced, almost entirely cured.

There remained only a paralysis of the popliteal nerve, caused, doubtless, by its compression, and probably by its destruction.—*L'Union Médicale.*

CASE OF PENETRATING WOUND OF THE SKULL IN WHICH THE BALL ENTERED THE BRAIN, TERMINATING IN RECOVERY; WITH ANALYSIS OF SIMILAR CASES. By Dr. T. H. Andrews.—A lady was accidentally shot by her husband, the ball weighing forty-eight and a half grains and being five sixteenths of an inch in diameter, entering the cranium in the left temporal region, about a quarter of an inch in front of the junction of the helix with the tragus of the ear. Fifteen minutes after the occurrence of the wound, she was found by Dr. Andrews sitting composedly in her chair, as if nothing had happened. She had experienced no pain, and there had been no disturbance of the functions of the brain. A probe was introduced into the substance of the brain to the extent of three and a half inches, without coming in contact with the ball. About five minutes after this attempt she was seized with an epileptiform convulsion, and remained unconscious about three minutes. Another convulsion followed, and then she slept for two hours. Subsequent efforts were made to find the ball, but were unsuccessful. No serious symptoms supervened. Thirty days after the occurrence of the injury she left her bed; and four and a half months afterward she had no pain and no disturbance of the intellectual functions.

Dr. Andrews cites seventy-two other cases in which foreign bodies in the brain had produced no immediate serious effects, but is fully aware of the fact that death eventually occurs from such wounds in the majority of cases.—*Quarterly Journal of Psychological Medicine.*

BERKSHIRE DISTRICT MEDICAL SOCIETY.—On the occasion of the funeral of the late Dr. H. H. CHILDS, the Berkshire District Medical Society appointed a Committee, composed of the following gentlemen, to draft Resolutions and make remarks upon the decease of their venerable brother:—O. S. Root, L. S. Adams, H. L. Sabin, H. Ferre, E. S. Hawkes, T. K. De Wolf.

At the April meeting of the Society the following Preamble and Resolution were read by Dr. O. S. Root, the Chairman of the Committee, and unanimously accepted:—

Whereas, Divine Providence has removed from this life our venerable and venerated friend Dr. HENRY H. CHILDS, who as a shock of corn ripe has been garnered, it is right that we, the members of the Berkshire

Medical Society, who have for so long a time been associated with him as pupils, as fellows of the same Medical Societies of the country, as counsellor at the bedside of the sick; and especially in the festivities of this Society; should pay our cordial and unfeigned tribute to his memory.

The face so familiar, the voice always ringing with tones of hope and assurance, we shall see and hear no more.

The inspiration of that courage that never failed him—the lively sympathy, words of encouragement and helping hand to the young physician, are no more.

His presence will be sadly missed in these friendly gatherings.

Green in our hearts will be his memory while memory lasts.

It is not the object of this brief sketch to delineate in full his character or to eulogize his life, but to record fitting testimony of our high respect and unfeigned regard for our departed father in the profession, member of this Society and devoted friend, and also to express our sympathy with the family who are bereaved by his death.

Resolved, That a copy of this Preamble and Resolution be made in the records of this Society, published in the medical journals of the State, and papers of this County, and transmitted to the family of the deceased.

The eulogy was delivered by T. K. De Wolf, M.D., of Chester.

The Society tendered him a unanimous vote of thanks.

FRANK K. PADDOCK, *Secretary.*

MR. EDITOR.—Allow me to correct the report of the appearance of a tumor of the thigh, which by some mistake appeared in your number of April 30th, p. 199, under my name. The tumor was a sarcoma of the upper end of the tibia. The disease had destroyed the upper extremities of the shaft of the bone, but, as is usually the case, the cartilage was not involved. The growth extended upwards outside of the knee-joint on to the thigh. It had at one place broken through the periosteum which enclosed it, and was growing rapidly at this point. There was no appearance of bony shell. No myeloid cells were found. Its structure resembled that of mucous tissue.

Respectfully yours,
Boston, May 11, 1868. A. COOLIDGE.

The Buffalo Medical and Surgical Journal for April copies the report in full of an interesting case of surgery, from No. 1 of our Journal, without giving credit.

Selections and Medical Items.

COMPRESSION OF THE CAROTIDS FOR CONVULSIONS.—Some curious results of this treatment are given by a French practitioner, M. Faviz. He relates three cases of convulsions in which it was successful. The first was that of a child six years old, who had violent spasms of the left side of the body, with clenched jaws, bitten tongue, &c. Compression of the right carotid stopped the fit immediately; the child fell asleep, and awoke in full consciousness a quarter of an hour afterwards. The second was a girl of seven years. She had convulsions of the right side of the body, apparently produced by fright. Here the compression of the left carotid produced equally happy results. The third was a child of two and a half years, with convulsions of both sides. Compression of the right carotid at once arrested the movements of the left side. The left carotid was then compressed, and the convulsions of the right side ceased. Sleep followed, and the patient awoke in an hour, quite well.—*Pacific Medical and Surgical Journal*.

DISINFECTANTS.—M. Bonjean, an eminent pharmacist of Chambéry (Savoy), has published a book on the means of preventing cholera, &c. Of course, his system rests on the use of disinfectants, among which he mentions—charcoal, well pounded, two pounds; sulphate of iron, one pound. Two or three tablespoonfuls should be placed in the night vessels used by the sick. The author contends not only that carbolic acid is overrated, but that its virtues are nil. This should be noted. Be this as it may, it is perfectly true that fashion and crying up has an enormous deal to do with disinfectants. We should not, immediately a new one is proposed, forget chloride of zinc, manganate of potash, charcoal and green vitriol.—*Lancet*.

FREQUENT VENESECTIONS.—In the Carmelite Convent of Mataro, Italy, there died, a short time ago, a nun, at the advanced age of 87, who had taken the veil seventy-two years before. She had been a great martyr to rheumatism, and had, for attacks of this complaint, been bled 317 times.—*Tribune Medicale*.

THE PARIS SEWERS.—It has been proposed to direct the contents of these to large reservoirs at a distance, and to mix the fluid mass with alum; thus phosphoric acid and the organic matter (nine tenths of the whole) would be precipitated, the deposit to be used as manure, and the remaining liquid for irrigation.—*Lancet*.

DR. LIVINGSTONE.—A letter has been received in Edinburgh from Dr. Livingstone, the latest date of which is February 1, 1867. Bemba, or Libemba, is the place at which he then was. He had undergone much, and describes the bones of his party as "nearly sticking through, as if they would burst the skin." He had been robbed of his medicine chest, a loss which, he says, "fell on my heart like a sentence of death by fever, as was the case with poor Bishop Mackenzie." However, the general tone of his letter showed little des-

pondency. He tells how the Joanna men "skedaddled," frightened out of their wits. When he wrote, he believed himself to be in 10 deg. 10 min. south lat., and long. 31 deg. 50 min. 2 sec.—*Med. Times and Gazette*.

DR. TURCK.—This eminent physician died last February, at Vienna, aged 58. It may be remembered that Dr. Turck, though not the actual inventor of the laryngoscope, contributed largely to spread the knowledge of this useful instrument of diagnosis.

THE first annual meeting of the Missouri State Medical Association was held in St. Louis on the 21st ult. Some sixty delegates and members were present, mostly, however, residents of St. Louis. A re-organization of the Association was effected, and a constitution and by-laws adopted. Papers were read by Dr. M. A. Fallen, on Criminal Abortions; Dr. Hammer, on the Results of Amputations; Dr. G. Hunt, on Medical Education; Dr. G. M. B. Maughs, on the Diseases of Females in the last quarter of a century; Dr. W. B. Outten, on the Relationship between Scrofulous and Mental Disorders; and Dr. J. Green on Obstructions of the Lachrymal Duct.

MEDICAL DIARY OF THE WEEK.

MONDAY, 9, A.M., Massachusetts General Hospital, Med. Clinic; 10, A.M., Medical Lecture. 9, A.M., City Hospital, Ophthalmic Clinic.

TUESDAY, 9, A.M., City Hospital, Medical Clinic; 10, A.M., Medical Lecture. 9 to 11, A.M., Boston Dispensary. 10-11, A.M., Massachusetts Eye and Ear Infirmary.

WEDNESDAY, 10 A.M., Massachusetts General Hospital, Surgical Visit. 11 A.M., OPERATIONS.

THURSDAY, 11 A.M., Massachusetts General Hospital, Clinical Surgical Lecture.

FRIDAY, 9, A.M., City Hospital, Ophthalmic Clinic; 10, A.M., Surgical Visit; 11, A.M., OPERATIONS. 9 to 11, A.M., Boston Dispensary.

SATURDAY, 10, A.M., Massachusetts General Hospital, Surgical Visit; 11, A.M., OPERATIONS.

A Bulletin of Expected Operations, in both the Hospitals, will be found, weekly, at the office of the Boston Medical and Surgical Journal, and at Messrs. Codman & Shurtleff's, 13 and 15 Tremont Street.

ERRATUM.—On page 217 of last week's issue, second paragraph of article headed Boston Dispensary, for "respiratory" read *expiratory*, and for "respiration" read *expiration*.

DIED.—At the residence of Dr. W. A. Gillespie, in Louisa Co., Va., Dr. James H. Gillespie, an eminent practitioner, aged 86.

DEATHS IN BOSTON for the week ending Saturday noon, May 9th, 112. Males, 61—Females, 51.—Accident, 4—apoplexy, 1—asthma, 1—congestion of the brain, 2—disease of the brain, 3—inflammation of the brain, 2—bronchitis, 2—cancer, 3—consumption, 21—convulsions, 4—croup, 4—diabetes, 1—diarrhoea, 1—diphtheria, 2—dropsy, 1—dropsy of the brain, 3—drowned, 1—dysentery, 1—erysipelas, 1—scarlet fever, 5—typhoid fever, 4—gangrene, 1—gastritis, 1—hemorrhage, 1—disease of the heart, 3—infantile disease, 2—disease of the liver, 1—congestion of the lungs, 3—inflammation of the lungs, 12—marasmus, 1—measles, 2—old age, 5—pleurisy, 1—premature birth, 1—puerperal disease, 1—quincy, 1—rheumatism, 2—disease of the spine, 1—unknown, 7. Under 5 years of age, 34—between 5 and 20 years, 16—between 20 and 40 years, 25—between 40 and 60 years, 23—above 60 years, 14. Born in the United States, 73—Ireland, 30—other places, 9.

CASES OF PNEUMONIA AT CITY HOSPITAL.

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No. of Case.	Name and Occupation.	Age.	Date of Entrance.	No. of days sick before Entrance.	Whole duration of Disease.	Result.	Locality of Dis- ease.	Single or Double	Vol. & p. of Record.	Complication.	Treatment.	Remarks.	By whom treated.
1	L. E. F., A. E. B., Servant girl.	23	1864 June 30.	21	45 days.	Dead.	Right side involved.	Single.	Vol. 1, p. 15.	None, unless general de- bility.	Expectorants, alcoholic stimu- lants, nutrients, fomentations.	3 mcs. before illness, often ha- moptysis; no phthisis. Dis. foll. exposure to wet, foggy air, and F. E. Oliver. Had had rusty sputa.	W. W. Morland
2	J. M. C., Irish, long- shoreman.	25	Aug. 2.	21	30 days.	Well.	Lower part of right side.	Single.	Vol. 2, p. 27.	None.	Expectorants.		J. Homans.
3	C. A. J., American seaman.	51	Aug. 16.	10	21 days.	Well.	Left lower half of lung.	"	Vol. 1, p. 35.	Chronic phthi- sis.	Expectorants, opiates, croton oil.	Patient had physical and ra- tional signs of pneumonia. Was discharged well of pneumonia, and much relieved as to phthisis.	F. E. Oliver.
4	M. S., Irish, mar. woman.	28	Aug. 24.	42	95 days.	Well.	Right lower corner third.	"	Vol. 1, p. 49.	None.	Quinine, stimulants.	Patient had physical and ra- tional signs of pneumonia. Was discharged well of pneumonia, and much relieved as to phthisis.	F. E. Oliver.
5	A. E. B., American servant girl.	24	Sept. 15.	5	17 days.	Well.	Both lower backs.	Double.	Vol. 1, p. 67.	"	Colded, antimony and light diet at first; then croton oil and expectorants.	Never very robust. Character- istics of disease well marked, with rusty sputa.	F. E. Oliver.
6	C. H., Irish servant girl.	20	Oct. 14.	8	46 days.	Well.	Left side; very ex- tensive.	Single.	Vol. 2, p. 100.	"	Expectorants and support- ing treatment.	Rusty sputa. Case single at entrance; became double at end of one week. Discharged at times. Pulse 160 at entrance; at en- trance, 80, weak.	J. Homans.
7	J. G., Irish laborer.	27	Oct. 18.	14	44 days.	Well.	Both lower backs thru'out.	Double.	Vol. 1, p. 73.	Rheumatism.	Opiates and calomel, with tincture of antimony.	Good condition. Sputa never noticed as rusty.	F. E. Oliver.
8	S. N., American, servant girl.	30	Oct. 21.	9	43 days.	Well.	Both b'ks; left most involved.	Double.	Vol. 1, p. 83.	None.	Chiefly expectorants, with good diet.	Rather a feeble woman, with catamenial irregularities.	F. E. Oliver.
9	M. C., Irish, servant girl.	24	Nov. 1.	21	52 days.	Well.	Both b'ks at bases.	Double.	Vol. 2, p. 112.	None.	Stimulating, with expecto- rant mixtures.		J. Homans.
10	M. F., Irish, Seamstress.	22	Nov. 5.	21	25 days.	Dead.	Both b'ks; left most involved.	Double.	Vol. 1, p. 109.	Cerebro-spinal meningitis.	Expectorants and blisters.	Condition improved, until the appearance of the cerebro-spinal meningitis, which proved fatal in twenty-eight hours.	F. E. Oliver.
11	F. C., Ame- rican hack driver.	30	Nov. 5.	21	46 days.	Well.	Both b'ks; extensive.	Double.	Vol. 2, p. 55.	Phthisis.	Expectorants, blisters, cod- liver oil.	Had suffered from asthma and from exposure to wet and cold; was well of pneumonia when discharged from hospital, but marked phthisis existed.	J. Homans.
12	J. G., Irish, wet-nurse.	26	Nov. 17.	6	41 days.	Well.	Both b'ks; right most involved.	Double.	Vol. 1, p. 119.	None.	Cod-liver oil, quinine, milk punch, &c.		Oliver and Borland.

No. of Case.	Name and Occupation.	Age.	Date of Entrance.	No. of days sick before Entrance.	Whole duration of Disease.	Result.	Locality of Disease.	Single or Double.	Vol. and page of Record.	Complication.	Treatment.	Remarks.	By whom treated.
13	J. H., American Seaman.	28	1864 Nov. 25.	2	19 days.	Well.	Right side, whole lower half.	Single.	Vol. 1, p. 38.	Pleurisy.	Calomel, opium and tart. antim. at commencement.	P. 112. Resp. 36.	Oliver and Borland.
14	J. W., Irish laborer.	59	Nov. 25.	21	35	"	Both lungs from spine down in right, lower half of left	Double.	Vol. 2, p. 38.	Disease follow- ed by crys- tella.	Ether and supporting treatment.	Patient was retained in hospital some time after discharge, and well, but had facial erysiphe- las and delirium.	J. Homans and J. B. Upham.
15	M. B., American cookmaid.	50	Dec. 8.	23	109	Rel'd.	Whole of right lung.	Single.	Vol. 2, p. 136.	None.	Counter-irritants and stimulants.	An old woman overworked by prolonged labor in heat, average- ing 20 hrs. per day. Disease was subacute in character.	Upham.
16	M. G., Irish laborer.	25	1865 Jan. 2.	6	65	Well.	Both lungs in backs.	Double.	Vol. 2, p. 117.	"	Nourishing diet and stimulants.	"	"
17	C. A., Irish cookmaid.	28	Jan. 5.	14	61	"	Both sides lower half of backs.	"	Vol. 1, p. 165.	"	Expectorants, quinia, wine whey, nutrients.	Severe case; physical signs well marked. R. r. r. sputa recorded.	Borland.
18	J. O., American cookmaid.	50	Feb. 10.	21	26	Dead.	Left lower back.	Single.	Vol. 1, p. 147.	Subac. rheu- matism & fatty degeneration of E.H.	Opium, wine whey.	An habitual drunkard—had lived and worked hard. P. 106, hard and vibrating.	"
19	D. M., Irish hatter.	32	Mar. 18.	8	21	Well.	Rt. side all below ang. of scapula.	"	Vol. 1, p. 171.	None.	Stimulants.	P. 76. Sputa rusty, viscid.	"
20	L. W., American servant wmn.	18	Apr. 6.	10	49	"	Middle of left back.	"	Vol. 4, p. 3.	"	Fever mixture and Dover's powders.	Had an attack of pneumonia before this, 4 years ago.	Blake.
21	M. L., Irish servant wmn.	30	Aug. 25.	3	35	"	All of right back.	"	Vol. 3, p. 178.	"	Pill of submur. gr. 1 Tart. antim. gr. 1-6 Opium, gr. 1-2 M. Every 4 h. for first 2 days, then a fever mixture. 1 liq. acet. am. or lact. acid. and stimulants last half of case.	P. ranged from 76 to 84. Respiration for first half of sickness from 40 to 48.	Oliver.
22	P. M., Irish servant wmn.	20	Sept. 8.	21	32	"	Not stated.	Not stated.	Vol. 3, p. 202.	"	Liq. rect. ammon. oz. iss. Spt. eth. nit. oz. ss. Aç. camph. oz. ij. M. oz. ss. 3 t. d. And Tr. op. camph. oz. i. M. Syr. cod. oz. i. M. dr. i. p. r. n.	Probably a single pneumonia.	"

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No.	J. C.	36	Sept. 3.	7	39	All of left lung.	Single.	Vol. 4, p. 247.	None.	Beef tea, whiskey, opiates as needed.	P. ranged about 80. No. of resps. not given, but frequent allusions to dyspnea.	J. P. Reynolds
23	Austrian dyer.								Probably was pneumonia. History and record confirmed & indicated rusty sputa 1 w. before entr.			
24	S. K. widow. American.	27	Sept. 20.	30	40	Left lower lung.	"	Vol. 3, p. 220.		Expectorants & jacket poultices.	P. 86. Resp. about 30. Much dyspnea.	Oliver.
25	L. R., Irish laborer.	22	Sept. 21.	7	26	Bases of both lungs.	Double.	Vol. 3, p. 222.	In stage of incipient phthisis.	Opium, gr. 1-4 Calomel, gr. 1-2 T. Every 4 hours for 2 days, then fever mixture.	Pulse 84, irregular, intermittent. Resp. 28, easy at entrance.	"
26	B. R., Irish servant wm.	40	Oct. 6.	7	10	Upper half left lung.	Single.	Vol. 6, p. 36.	Phthisis and fatty degeneration of kidneys.	Feed milk; afterwards full diet. Zinc hyoc. gr. 30 at night.	Had been treated in M. G. H. through May and June, for diabetes.	Reynolds.
27	M. R., Irish landress.	48	Oct. 14.	12	68	Both b'ks, the right most ext.	Double.	Vol. 3, p. 265.	None.	Milk punch, beef tea, Dover's powder; in last half, when feverish, a fever mixture; after that, salt of quinine.	Pulse 96 to 100. Resp. 24, gradually falling.	Oliver.
28	E. P., Irish servant wm.	27	Nov. 13.	13	46	Lower 2-3 left, lower 1-3 right.	"	Vol. 5, p. 40.	"	Calom. 4 gr. Opium 4 gr. Every 4 h. at first, and till gun sore.	Silent case. P. 96, full. Resp. 32, at entrance.	"
29	J. H., American mason.	35	Nov. 27.	2	24	Lower 2-3 left, 1-2 right.	"	Vol. 6, p. 180.	Intermit. fever.	Beef tea, milk and quinine.		Reynolds and Upham.
30	J. F., Irish carpenter.	20	Nov. 27.	9	91	Lower half both lungs.	"	Vol. 5, p. 71.	Typhoid fever.	Beef tea, stimulants, quinine.	P. 100, strong at first, then weak and reduplicating. Resp. 36 to 40. Temp. 102.5 to 104.	Borland.
31	F. R., German baker.	21	Nov. 28.	2	23	Lower 2-3 right, back.	Single.	Vol. 6, p. 183.	None.	Beef tea and stimulants, and opiates p. r. n.	P. 120, reduplicating at first.	Upham.
32	L. W., German waiter.	27	Dec. 9.	21	42	Both lower backs.	Double.	Vol. 6, p. 236.	Phthisical tendencies.	Cod-liver oil, nutrients, opiates p. r. n.	Subacute form.	"
33	M. D., American servant girl.	17	Dec. 20.	21	35	Both b'ks, left thro-out, right lower half.	"	Vol. 8, p. 4.	Plenty and rapid phthisis.	Stimulating and nourishing, with some simple expectorants.	No surgery allowed. Pulse at entr. 108, full, soft. Resp. 36.	"
34	M. O'B., Irish servant girl.	20	Feb. 3.	17	63	Both b'ks, lower halves.	"	Vol. 8, p. 150.	None.	Nourishing and stimulating—brandy, beef tea, and morphia p. r. n.	Eight days delicious. Had been 3 w. in hospital. P. 120, weak, irregular and compressible at entrance.	"
35	E. C., American servant girl.	18	Feb. 10.	21	60	Both b'ks, lower 2-3.	"	Vol. 8, p. 184.	"	Beef tea, milk, brandy, Dover's powders p. r. n.	Pulse at entrance, regular, compressible and 112. Resp. 44.	"

No. of Case.	Name and Occupation.	Age.	Date of Entrance.	No. of days sick before Entrance.	Whole duration of Disease.	Result.	Locality of Disease.	Single or Double.	Vol. and Record.	Complication.	Treatment.	Remarks.	By whom treated.
36	M. S., Irish laborer.	25	1893 Mch. 1.	10	41 days.	Well.	Both b's; on rt. side.	Double.	Vol. 8, p. 232.	None.	Beef tea, milk, whiskey, opiates, counter-irritants.	Left side became involved 5 days later. P. 100, rusty sputa fail at exit, afterw. 108 to 112.	Upham.
37	R. M., Irish widow.	35	Mch. 1.	9	17	"	Lower third of left back.	Single.	Vol. 7, p. 72.	"	Syrup tola and fl. ext. canbels.	P. 63; rusty sputa.	Borland.
38	M. M., Case 37.	34	Mch. 1.	10	18	"	Lower half of right back.	"	Vol. 7, p. 74.	"	Ol. morrhuae.	Pulse 140; resp. 60.	"
39	Wm. Mc., Irish laborer.	53	Mch. 13.	6	24	"	Both low'r backs; rt. side worst.	Double.	Vol. 7, p. 68.	Sickn. preced. by fall from a pegging, pneumonia, diarrhoea, discharge of blood, much of this, Ap. 12.	Morph., cod-liver oil, whiskey, nourishing food, &c.	Pulse 88; natural at entrance.	"
40	M. C., Irish servant wm.	39	Mch. 29.	5	19	"	Half of right side.	Single.	Vol. 7, p. 117.	None.	Swt. eps. nitre, Dover's powder, baths and sherry wine.		Morland.
41	M. H., American carpenter.	49	Apr. 3.	24	37	Dead.	Lower half of right back.	"	Vol. 10, p. 28.	Possibly some phthisic trouble developed but indicated not marked. Sud. of death, an attack of fainting on one day, & numbness of leg suggest embolism.	Brandy, carb. amm., sherry to amount of 10 min. per day, and quinine.	Inherited no disease; had been of good constitution; 3 years before sickness, had fallen from a tree and sustained a severe shock on taking cold, abnormal sensations in right side, but no cough or expectoration.	Blake.
42	J. K., American carpenter.	27	Apr. 14.	10	15	Well.	Middle of lower back.	"	Vol. 10, p. 67.	None.	Simple cough mixture.		"
43	J. C., Irish tailor.	45	May 22.	6	39	"	Nearly all of right lung.	"	Vol. 10, p. 174.	"	Quinine, stimulants and nourishing food.	Highest rate of pulse, 108.	"
44	R. K., American seaman.	42	May 23.	0	2	Dead.	Whole rt. back, low'r 2-3 left.	Double.	Vol. 9, p. 8.	Debility from privation, and rheumatism.	Carb. amm. and stimulation.	The disease supervened upon its complications.	Morland.
45	E. P., American housekeeper	65	July 3.	21	49	Well.	Not stated.	Not stated.	Vol. 12, p. 4.	None.	Brandy, sherry, milk, beef tea.	Excessively debilitated. P. 100 to 108, threadlike, for some days after entrance.	Blake.

46	H. F. M., American errandboy.	42	July 18.	4	12	Well.	Both of lungs inflamed at right.	Double.	Vol. 12, p. 42.	None.	Wine whey, beef tea, &c., with spgs. chl. nit., liq. aect. amm. and tr. op. camph.	Highest pulse, 120; highest temp. 98.	Blake.
47	M. B., Irish carpenter.	32	July 24.	6	39	"	Lower 3-4 of right lung.	Single.	Vol. 12, p. 32.	"	Wine whey, cherry and stimu- lants; expectorants in last part of treatment.	P. 116—good constitution.	"
48	J. S., Irish blacksmith.	50	Aug. 15.	8	13	"	Lower half of right back.	"	Vol. 9, p. 184.	"	Sulph. morph. $\frac{1}{2}$ gr. at night.	Pulse 84 at entrance.	Oliver.
49	P. H., Irish H.R.R. cond.	19	Aug. 20.	10	21	"	Left upper back.	"	Vol. 9, p. 191.	Acute bronchitis.	Expectorants with hyoscyamus and camphor at night.		"
50	M. W., Irish bootmaker.	27	Aug. 24.	13	23	Dead. ★	Lower half of left and all right lung.	Double.	Vol. 12, p. 150.	None.	Liberal stimulants and fed; morphia p. n. n.	P. 116, feeble at ent.; resp. 28. Sore throat; symptoms resembling diphtheria.	Reynolds.
51	J. C., Hib.-Amer. laborer.	24	Sept. 21.	4	33	Well.	Extensive in both backs.	"	Vol. 12, p. 184.	12 days before pneumonia, fell from stage and dislocated arm, &c.	Sherry, brandy, beef tea, Dover's powders, &c.	Disease perfectly demonstrated, but could not be defined from his surgical condition.	"
52	E. McG., Irish servant wln.	34	Oct. 9.	7	9	Dead.	All of left lung.	Single.	Vol. 11, p. 28.	From gon't ap- pearance and course of diarrhoea complicated with typhoid.	Milk punch and chalk mixture.	P. at entrance, 124, weak.	Oliver.
53	P. McL., Irish machinist.	28	Oct. 29.	21	35	Well.	Lower 2-3 of right lung, lower 1-3 of left.	Double.	Vol. 11, p. 68.	None.	Warmth and hot fom. to chest; at night this Pill: Ext. hyos- c., 64 to 68, and temp. of 98.	P. one evening 116, and temp. 104; pulse soon fell to a rate of 64 to 68, and temp. of 98.	"
54	J. M., Irish painter.	20	Nov. 10.	4	64	"	Lower half right chest	Single.	Vol. 11, p. 108.	Typhoid fever.	Jacket poultices, milk punch, beef tea, with chl. mor. and tr. ferri chlor. for last half illness.	Greatly exhausted at entrance. Pulse, 80; resp. 28.	Oliver 3 wks. afterwards Borland.
55	N. M. L., Canadian laborer.	50	Nov. 28.	14	35	"	Most of left lung, lower 3-4.	"	Vol. 14, p. 110.	None.	Quinine, brandy, morphia, baths.	At entrance, pulse 96; resp. 44; temp. 104.	Upham.
56	T. G. O'S., Irish advertising agent	26	Dec. 3.	4	30	"	3-4 of right lung.	"	Vol. 11, p. 109.	"	Expectorant syrups, with tr. opii camph., milk punch and some liberal food.	P. in early part of case, about 108 to 112. Temp. 102 to 104.	Borland.
57	D. O., Irish laborer.	30	Dec. 7.	7	95	"	Most of right lung, lower half of left.	Double.	Vol. 11, p. 194.		Stimulants strongly, jacket poultices, expectorants.		"
58	E. D., Irish landress.	51	Dec. 19.	3	30	"	Lower 2-3 right and lower half left back.	"	Vol. 11, p. 238.	Broken ribs fr. about 2 w. previous.	Beef tea, milk punch.		"

No. of Case.	Name and Occupation.	Age.	Date of Entrance.	No. of days sick before Entrance.	Whole duration of Disease.	Result.	Locality of Disease.	Single or Double	Vol. and page of Record.	Complication.	Treatment.	Remarks.	By whom treated.
59	C. W., Irish laborer.	60	1893 Dec. 22.	2	66 days.	Well.	Lower half right back.	Double.	Vol. 11, p. 264.	Broken leg and erysipelas.	Lead wash to erysipelas, beef tea, and punch to contain 8oz. brandy in 24 hours, to be given every two hours.	Had been in hospital 9 w.; admitted a surg. patient—run over by cart and left tibia broken. Erys. com. day before pneum.	Borland.
60	M. B., Irish laborer.	35	1897 Jan. 31.	12	49	"	Posterior part of left lung.	Single.	Vol. 13, p. 92.	None.	Wine whey, or beef tea oz. li. every two hours; oz. viii. wine daily; expectorant mixture.	Patient of delicate health, and subject for years to a cough in winter months, and at times had some painless diarrhoea.	"
61	J. S., Irish servant wmn.	70	Feb. 2.	7	41	"	Lower 2d both lungs.	Double.	Vol. 16, p. 44.	"	Oz. vi brandy in milk punch daily; broths and beef tea; flections to side twice daily; flections to side twice daily; and Dover's powders.	Was retained in hosp. after her pneumonia, to be treated for prolapsus uteri.	Uplam.
62	M. H., American copyist wmn.	23	Feb. 2.	14	43	"	Lower half right back.	Single.	Vol. 16, p. 46.	Pelvic Cellulitis.	Cough syrups and alcoholic and food stimulation.	P. 120 to 140 at ent.; was retained 6 w. after pulmonary symptoms disappeared. Cases of active cellulitis. Disch. well.	"
63	D. F., Irish laborer.	33	Feb. 6.	8	39	"	Lower half left lung.	"	Vol. 16, p. 62.	None.	Antimonial cough syrup; brandy, oz. viii. a day and beef essence ad lib.	Pulse 92; resp. 36.	"
64	J. K., Eng. laundry girl.	19	Feb. 7.	0	37	"	All but upper part of left lung.	Double.	Vol. 13, p. 134.	Acute rheu. & measles, prola. of membranes, some tubercu- lar deposit.	Cod liver oil and tr. iron; jacket poultices; broths, wine whey, &c.; ligature of extremities for excessive dyspnoea.	Was adm. for acu. rheu.; pneum. superv. in 4d; in 10 more erup. of measles ap. with appar. relief to pneum., wh. in turn bec. more severe. In 12 d. died. Cause of death, erysipelas, excess. Highest temp., 112; high at resp. 62; temp. never above 102. Her whole illness was about 7 months, but recov. to be able to renew her life as nursery maid.	Borland.
65	A. H., Irish cookmaid.	40	Mar. 20.	62	8	"	Lower half right lung.	Single.	Vol. 13, p. 244.	Intermittent fever.	Wine, nourishing food and comp. tinct. cinchona.		Borland Morland.
66	R. M. D., Irish servant girl.	28	Mar. 23.	40	21	"	Lower 2-3 right back.	"	Vol. 16, p. 214.	None.	Morph. p. r. n.; opiated jacket poultices, stimulants.	Pulse 124, steady rate; rational signs generally sane. Temp. never over 102.	Uplam.
67	M. B., Irish laborer.	49	Mar. 25.	4	13	Dead.	Both lungs, middle worst.	Double.	Vol. 13, p. 250.	Injured by stone at pleurisy.	Sherry, beef tea, jacket poultices, brandy, and opiate anodyne.	Delirious throughout case; injured by fall ten ds. before ent.; died at 10 a. m. Cause of death, P. 100 at ent. & 160 before death. Resp. 40 to 50; temp. 103 to 104.	Borland.

CASES OF PNEUMONIA AT CITY HOSPITAL.

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68	P. de G., Italian barber.	29	Mch. 26.	7	45	Dead, lower 2-3 right.	Nearly all, lower 2-3 right.	Double.	Vol. 16, p. 218.	None.	Optated jacket poultices, bru- dy punch, soap, sedatives.	Upham and Blake.
69	T. L., Irish sailor.	30	April 3.	1	23	Well.	Entire left back.	Single.	Vol. 15, p. 2.	"	Sherry, jacket poultices, seda- tives for cough.	Morland.
70	S. C., Irish servant girl.	23	May 20.	3	20	"	Lower half left lung.	Vol. 15, p. 142.	Vol. 15, p. 142.	"	Cough sedatives; sherry, oz.viii. in day; beef tea, &c.	"
71	M. L., Irish laborer.	19	Aug. 10.	28	41	"	Lower portion each back.	Double.	Vol. 17, p. 80.	"	Blister; iodide potass.; during last part of disease sedatives for cough.	Oliver.
72	J. D., Carpenter.	23	Oct. 1.	6	32	"	Lower half left lung.	Single.	Vol. 17, p. 212.	"	Milk, beef tea, jacket poultices; pill of hyoscyam. and camph. every night; blisters in latter part of treatment.	"
73	J. B., French mirror mak.	42	Oct. 10.	21	26	Dead, ext. and lower part left.	All right lung ext. and lower part left.	Double.	Vol. 17, p. 252.	"	Stimulants; pill of hyoscyam- mus and camphor.	"
74	M. H., American seamstress.	37	Oct. 16.	11	21	Well.	Lower left back.	Single.	Vol. 17, p. 252.	"	Milk, beef tea, jacket poultices; pil. hyoscyam. & camph.	"
75	B. G., New Bruns. carpenter.	24	Nov. 15.	14	26	"	Lower half right lung.	"	Vol. 19, p. 62.	"	Blisters.	"
76	P. H., Irish laborer.	26	Nov. 30.	30	46	"	Lower half right back.	"	Vol. 19, p. 96.	Probably a tu- bercular devel- opment co-existing.	Glycerine dr. i. and fluid ext. cubeba grt. vi., with mist. mor- tuum oz. ss., tr. ferr. chlorid. gtt. x. M. Astringent gargles, jacket poultices, Dover's pow- ders, quinine.	Borland.
77	W. F., American laborer.	30	Dec. 3.	24	51	"	Lower half right lung.	"	Vol. 22, p. 222.	None.	Jacket poultices, Dover's pow- ders, quinine.	Upham.
78	R. G., Irish laborer.	23	Dec. 10.	6	33	"	Lower 2-3 right lung, lower 2-3 left.	Double.	Vol. 19, p. 132.	"	Jacket poultices, milk and beef tea; during the worst part of the case 7 oz. brandy daily in ad- dition to milk and beef tea, with 5 grs. carb. annm. every 3 hr.	Borland.
79	O'B. K., Irish laborer.	25	Dec. 14.	21	84	"	3-4 left chest, 1-3 ft. low.	"	Vol. 22, p. 290.	Bronchitis, and probably some tubercle, trouble during Quinine.	Nutritious diet, poultices, stim- ulating liniments, &c. to chest.	Upham.
80	J. W.D., Irish porter.	37	Dec. 21.	1	29	"	Lower half right lung.	Single.	Vol. 24, p. 16.	Slight amount of pleurisy.	Glycerine and fluid ext. cubeba; stimulating to chest and blister every hour.	"
81	J. N., New Bruns. plasterer.	22	Dec. 23.	5	28	"	Nearly all right lung.	"	Vol. 19, p. 172.	None.	Poulticing and stimulation, and 6 drops wine autumn. in water every hour.	Borland.

No. of Case.	Name and Occupation.	Age.	Date of Entrance	No. of days sick before Entrance.	Whole duration of Disease.	Result.	Locality of Disease.	Single or Double.	Vol. of Record.	Complication.	Treatment.	Remarks.	By whom treated.
82	D. D., American cigar maker.	25	1867 Dec. 24.	7	60 days.	Well.	Right lung, lower spine of scapula.	Single.	Vol. 19, p. 180.	Pleurisy.	Large sedatives, nutrition, stimulants, cod-liver oil, blisters.		Borland.
83	F. M., American auctioneer.	39	Dec. 25.	3	31	"	Lower 3-4 left back, lower half right base.	Double.	Vol. 27, p. 40.	None.	Opiates and stimulants; poultices to chest.		Upham.
84	F. D. F., American carpenter.	22	1868 Jan. 1.	12	61	"	Left lower back.	Single.	Vol. 24, p. 66.	"	Poultices, wine whey, glysters, rubrics and paraffin mixture.	Had just been discharged well from a case of typhoid fever.	"
85	W. N., Irish laborer.	51	Jan. 6.		60	Nearly well.	Lower 3d rib, lower base of right.	Double.	Vol. 24, p. 82.	Debilitated, and had fever 7 weeks previous to admission. Was a-bed from 2 to 3 weeks.	Chiefly by small blisters.	Developed in hospital.	"
86	J. K., American schoolboy.	12	Jan. 9.	4	15	Re-healed.	Lower 1-4 right lung.	Single.	Vol. 19, p. 248.	None.	Poultices, beef tea, milk, tinct. hyosc. at night.	Doing well, up and about, as proved by his having dropped.	Borland.
87	W. T., American tobacco press.	24	Jan. 21.	7	29	Well.	Lower half of right.	"	Vol. 24, p. 124.	"	Spt. Minderer dr. i. every 2 h. Dover's powders, jacket poultices, beef tea, milk punch.		Upham.
88	C. B., bookbinder.	27	Jan. 24.	5	36	"	Lower 3d back, both backs.	Double.	Vol. 24, p. 142.	"	Poultices, Dover's powders, egg-nog, brandy, quinine.		"
89	J. N., Irish laborer.	20	Jan. 30.	6	45	"	2-3 lower right, 1-3 lower left back.	"	Vol. 24, p. 84.	"	Jacket poultices, egg-nog, brandy, Dover's powders.	P. at entrance, 108; resp. 38.	"
90	J. N., Irish billiardier.	17	Feb. 8.	6	40	"	Right lung through.	Single.	Vol. 21, p. 124.	"	Milk, milk punch, beef tea and carb. amm.	Markedly typhoid condition. Highest rate of pulse, 116; resp. 44; temp. 104.	Borland.